#### Minutes of the Health & Human Services Committee

## Thursday, December 1, 2005

Chair Stamsta called the meeting to order at 1:05 p.m.

**Present**: Supervisors Duane Stamsta (Chair), Andy Kallin, Bill Kramer, Barbara Roncke, Sandy Wolff, and Rob Hutton. **Absent**: Jim Jeskewitz.

**Also Present**: Chief of Staff Lee Esler, Legislative Policy Advisor Dave Krahn, Benefit Specialist Sharon Gold-Johnson, Senior Services Director Cathy Bellovary, Clinical Services Manager Mike DeMares, and Administrative Services Manager Russ Kutz. Recorded by Mary Pedersen, County Board Office.

# **Approve Minutes of 11-8-05 & 11-10-05**

MOTION: Kramer moved, second by Hutton to approve the minutes of November 8 and November 10. Motion carried 6-0.

# **Read Correspondence**

Esler announced the resignation of Emergency Management Coordinator Jim Malueg effective January 17, 2006.

### Chair's Executive Committee Report of 11-14-05

Esler advised of the following items discussed at the last Executive Committee meeting.

- Reviewed the UW-Extensin grant application for Community Gardening Collaboration.
- Approved Ordinance 160-O-080 for Community Development Block Grant.
- Approved the appointment of Pat Haukohl to the Park & Planning Commission.

#### **Schedule Next Meeting Dates**

December 15 (combined with the Health & Human Services Board).

Educational Presentation on the Medicare Prescription Drug Improvement and Modernization Act Bellovary and Gold-Johnson distributed information on the new Medicare prescription drug benefit program, also known as Medicare Part D, effective January 1, 2006. Gold-Johnson said this is the first time Medicare will be paying for outpatient prescription drugs on a widespread basis. Anyone who receives health care coverage under Medicare Part A or Part B is eligible for Medicare Part D.

There are 17 private insurance companies in Wisconsin offering 45 different Part D plans. Annually, this plan called for a person to pay \$250 for the first \$250 worth of drugs purchased. After that, a person pays 25% of the cost up to \$2,000 (the government pays 75%). Once a person has reached \$2,251, he or she is responsible for paying 100% otherwise known as the "donut hole" – a gap in coverage. Once that person reaches \$5,101 the plan pays 95%. However, because of competition, some companies don't have deductibles, one does not have a donut hole, and several cover generics during the donut hole.

The best way to access Part D is through the Internet via www.medicare.gov. Using a person's Medicare card and entering the names of the drugs that person uses, the plan will list the number of choices available and what the costs are. Gold-Johnson said through their office, they have helped some seniors access this information but due to limited resources, they are unable to help everybody. Some libraries are able to help those without a computer or computer experience and Waukesha Memorial Hospital also offers assistance.

The open enrollment period for Part D is from November 15, 2005 through May 15, 2006. She noted that an application could take 30 days to process so it's important to get them in early. If you don't sign up for Part D when eligible and instead you sign up later, there will be a 1% per month penalty of the average premium or 12% per year. Those who meet the Federal poverty level can receive financial assistance and those on Title 19 are automatically enrolled with the extra help. Those on Medicaid will also be automatically enrolled in Part D. Gold-Johnson said she believes this is a good plan – better than what she originally thought. She noted that the State's Senior Care Program may be the better option for some individuals and yet not incur the penalty. To answer Hutton's question, Gold-Johnson said when an employer's insurance involuntarily ends, a person has 63 days to sign up for Part D.

Esler asked if the Benefit Specialist was making the same wage as the contracted attorneys who are working with the office to educate seniors on the new plan. Bellovary said no, there is certainly a discrepancy, although the attorneys have been very reasonable in their billings and they have done a good job.

# Discuss 2005 Senate Bill 128 Which Relates to Increasing the Limits for Insurance Coverage for Nervous or Mental Health Disorders or Alcoholism or Other Drug Abuse Problems

Kutz and DeMares were present to discuss this issue as outlined in the bill and they distributed information on fiscal estimates. Kutz said similar bills to increase these limits have been introduced in past years. DeMares advised this is basically a compromise bill that increases the maximum insurance payment in the State of Wisconsin. Kutz said the bill increases outpatient services \$100 and transitional coverage would go from \$3,000 to \$4,700. Community Aids would also increase to be used for services for those on waiting lists or for those coming into the County for services.

Kutz said of the payers at the Mental Health Center, other third party insurances, were roughly about 20% of the total and this impacts the potential for emergency detentions but our length of stay is fairly low. DeMares noted that in some instances, they may have burnt out their insurance before they ever got there. There are a certain number of people that even though they have private insurance, they reach the cap before they seek County services. It's difficult to determine how much extra revenue the County would receive but the maximum would go from \$7,000 to \$18,300. DeMares said another argument is that if people have the coverage, they will seek treatment or therapy which would reduce more costly hospitalizations.

Esler noted this will affect very few people and wondered if increased limits would result in increased usage as opposed to the actual costs.

Krahn noted there are two similar bills pending in Congress; the one in the House has 264 co-sponsors.

MOTION: Kramer moved, second by Kallin to adjourn at 2:20 p.m. Motion carried 6-0.

Respectfully submitted,

Andrew J. Kallin Secretary